

# Form CPF M 102A: Amendment to Campaign Finance Report **Municipal Form**

### Office of Campaign and Political Finance

Commonwealth of Massachusens						
File with: City or Town Cl		ommission				
Report Being Amend	led: Year:	2019 Reporting Period:	Begi	nning Date: <u>05/04/2019</u>	Ending Date:	06/10/2019
8th day preceding	preliminary	☐ 8th day preceding election	X	30 day after election	year-end report	☑ dissolution
Kandy L. Lavallee				Committee to Re-Elect		
226 Brigham Hill Ro		me (if applicable) fton, MA 01536		Donna M. Girouard	Committee Name	
	Residentia	Construction of the Control of the C	-		ne of Committee Treasurer	
Town Clerk	Office Samely	a and Distallat	-	177 Pleasant Street, Sou		
	Office Sough	t and District			ommittee Mailing Address	
E-mail:			-11	E-mail:		
Phone # (optional):				Phone # (optional):	a	
		SUMMARY BAL	ANC	E INFORMATION:		
	Line 1:	Ending Balance from previous re	port		275.00	
	Line 2:	Total receipts this period			87.18	
	Line 3:	Subtotal			362.18	
	Line 4:	Total expenditures this period			-37.18	
	Line 5:	Ending Balance			325.00	
	Line 6:	Total in-kind contributions this p	eriod		0	
	Line 7:	Total (all) outstanding liabilities			514.24	
	Line 8:	Name of bank(s) used: Unibank				
The original filing of	the above-refe	erenced campaign finance report i	s bein	ig amended for the follow	ving reason(s):	
Incorrect date on the	forms and ent	ry error on page 4.				
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Signed under the penaltic	es of perjury:			Signed under the penalties	of perjury:	
No 1 Y	PS	11		1) h	4	1
(Candidate's signature)	· ()av	alle Den 24 Dans	X	(Treasurer's signature)	Tuouare	Note: 744
/ January J. Brandit.)		Date: <u>7/1/2019</u>		(		Date: 7/1/2019



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 5/11/	/2019 Ending Date: 6/20/2019				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election				
Kondul Lavellee					
Candidate Full Name (if applicable)	Committee to Re-elect Kandy Lavallee  Committee Name				
Town Clerk	Donna M. Girouard				
Office Sought and District	Name of Committee Treasurer				
226 Brigham Hill Road, North Grafton, MA 01536  Residential Address	177 Pleasant Street, South Grafton, MA 01560  Committee Mailing Address				
E-mail:	E-mail:				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	\$275.00				
Line 2: Total receipts this period (page 3, line 11	87.18				
Line 3: Subtotal (line 1 plus line 2)	362.18				
Line 4: Total expenditures this period (page 5, lin	ne 14) -37.18				
Line 5: Ending Balance (line 3 minus line 4)	325.00				
Line 6: Total in-kind contributions this period (p	page 6) 0.00				
Line 7: Total (all) outstanding liabilities (page 7)	514.24				
Line 8: Name of bank(s) used: Unibank					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:    Change   Chan					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)				
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to th activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.				
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the				

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address			Occupation & Employer		
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)		
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ine 9: Total Rece	ipts over \$50 (or listed above)				
	- Land Control				
ine 10: Total Rece	eipts \$50 and under* (not listed above)	87.18			
10. 10.01 1/000		<u> </u>			
ine 11. TOTAL	RECEIPTS IN THE PERIOD	87.18	← Enter on page 1, line 2		
and ale EVIME!	NAMES AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	1 07.10	Hinter on page 1 line 7		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			Table 1
			Annual Control of the
			The same of the sa
			Annual L
8			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Jane 7. Politi Rece	pa over and for marca above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11. TOTAL	RECEIPTS IN THE PERIOD		
		0 Ti 10 -1	☐ Enter on page 1, line 2 Id include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

D-4- D-13	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	VistaPrint	Vistaprint.com	Refund	
/27/2019				-37.1
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		Line 12: Total Evnanditue	es over \$50 (or listed above)	
		Line 12. Total Expelicitur	בי טינו שטט (טו וואפע מטטיפ)	<u></u>
		Line 12, Total Evansillar	2 \$50 and under ( 4 15-4-3 -1 )	27
		Line 13: 1 otal Expenditure	s \$50 and under* (not listed above)	_ 37,1
	Ph. (2.4)	¥ 1 4 4. 7075/01 4 ¥ 11475/015	Theretaen as mere wow.	
	Enter on page 1, line 4 →	Line 14: IUIAL EXPEN	DITURES IN THE PERIOD	~ 37.

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE B: EXPENDITURES (continued)

To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
				1		
				iS		
			1	1		
			i i			
		<u> </u>		1		
				1		
		Line 12: Expenditures over \$50	(or listed above)			
		Line 12. Expediatures over \$30	(or listed above)			
		Line 13: Expenditures \$50 and t	under* (not listed above)			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
TC 1 14	i- 1 coso 1 1		hould include only those expenditure			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

	···			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				1
				8
		Line 15: In-Kind Contributions	over \$50 (or listed above)	<u></u>
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/27/2019	Kandy Lavallee	226 Brigham Hill Road, North Grafton, MA 01536	Lawn Signs and Stands	520.62
5/6/2019	Kandy Lavallee	226 Brigham Hill Road, North Grafton, MA 01536	Postcards	30.80
4/27/2019	Kandy Lavallee	26 Brigham Hill Road, North Grafton, MA 01536	Refund from VistaPrint	-37.18
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	514.24